

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS

I (WE) HEREBY AUTHORIZE, DIRECT AND EMPOWER EMPLOYER ADVISORS NETWORK, INC. TO INITIATE ELECTRONIC DEBIT ENTRIES ONCE A MONTH TO MY (OUR) BANK ACCOUNT INDICATED BELOW, AT THE FINANCIAL INSTITUTION INDICATED BELOW, FOR THE PAYMENT OF MY (OUR) HR THAT WORKS! AGENCY PROGRAM FEES. I (WE) UNDERSTAND THAT IF MY (OUR) PAYMENT DUE DATE FALLS ON A WEEKEND OR HOLIDAY, THAT THE DEBIT WILL BE INITIATED ON THE NEXT BUSINESS DAY.

I FURTHER AUTHORIZE, DIRECT AND EMPOWER THE FINANCIAL INSTITUTION NAMED BELOW TO DEBIT THE ELECTRONIC ENTRIES TO SUCH ACCOUNT.

FINANCIAL INSTITUTION

ACCOUNT NUMBER

BRANCH

CHECKING (attach voided check below)

OR

ADDRESS

SAVINGS (attach deposit slip below)

CITY **STATE** **ZIP**

ROUTING NUMBER

THIS AUTHORIZATION AGREEMENT IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE FINANCIAL INSTITUTION HAS RECEIVED NOTICE FROM ME (OR EITHER OF US) TO STOP PAYING SUCH ELECTRONIC DEBIT ENTRIES IN TIME TO AFFORD THE FINANCIAL INSTITUTION A REASONABLE TIME TO STOP PAYMENT OR THE BANK HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF TERMINATION OF THE AUTHORIZATION AGREEMENT IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

PRINT NAME

PRINT NAME

SIGNATURE **DATE**

SIGNATURE **DATE**

MONTH/YEAR TO BEGIN _____

ATTACH HERE

(VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP FOR THE ACCOUNT WE ARE TO DEBIT)

(Please FAX completed document to: (619) 934-1790 to the attention of the Accounting Dept. Mail original to Employer Advisors Network, Inc., 450 B Street, Suite 1800, San Diego, CA 92101. Phone: (800) 234-3304.)